## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10626354

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
(Column 1) (Column 2) SMALL ENTITY TYPE											SMALL	R THAN ENTITY
TOTAL CLAIMS			26					RATE/	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	375.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			26 minus 20= '		* 6			X\$ 9=	54	OR	340.0	
INDEPENDENT CLAIMS			2 minus 3 =		•			X42=	1	1		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					140	<del>                                     </del>	OR		
* [	f the difference	e in column 1 is	less than z	ess than zero, enter "0" in				+140=	400	OR	L	
CLAIMS AS AMENDED - PART II								TOTAL	A-29	OR	TOTAL	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA	. [	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	. 26	Minus	**	_	=		X\$ 9=		OR	X\$18=	\
A	Ind pendent	* Z	Minus	PENDENT	CL AULA	=		X42=		OR	X84=	
<b>1</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
							L	TOTAL DDIT. FEE		,,	TOTAL	
		(Column 1)		(Colum		(Column 3)	. ^	DDI1. FEE	T	• ′	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDI	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Ind pendent	* NTATION OF MU	Minus	***	21 414			X42=		OR	X84≈	
		TOTAL OF MIC	CHIP CE DEF	ENDENT	JLAIM			+140=		OR	+280=	
·								TOTAL		L	TOTAL	
		(Column 1)		(Columi	n 2)	(Column 3)	AE	DIT. FEE		OR A	DDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R ISLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL	ſ	RATE	ADDI- TIONAL
2	Total	*	Minus	**		=	卜	X\$ 9=	FEE	}	X\$18=	FEE
₩.	<b>Indepe</b> ndent	i	Minus	***		-	-			OR	<del></del>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	X42=		OR	X84=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	PTO-875 (Rev. 12)		eroment Printing									